

## SUPERVISION REFERENCE FORM

\* This side to be completed by Social Work Licensure Applicant \*

The Board will keep all information by the professional reference confidential to the maximum extent permitted by law.

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Maiden name or given surname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\* Check box if address has changed since date of examination ☐

Date of graduation (highest degree): \_\_\_\_\_ Degree granted: \_\_\_\_\_

List current licenses held in Massachusetts:

License: \_\_\_\_\_ License: \_\_\_\_\_ License: \_\_\_\_\_

Lic. #: \_\_\_\_\_ Lic. #: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Total years of work experience: \_\_\_\_\_ Total hours of work experience: \_\_\_\_\_

License you are applying for. (✓one) ☐ LSWA ☐ LSW ☐ LCSW ☐ LICSW

## WAIVER OF LIABILITY

\* This side to be completed by Social Work Licensure Applicant \*

The Board will keep all information by the professional reference confidential to the maximum extent permitted by law.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(applicant) (reference)

(hereinafter "the professional reference") to provide the Board of Registration of Social Workers with all information of any kind which the professional reference may, in his or her absolute discretion, deem relevant to my qualifications as an applicant. I hereby release and discharge the professional reference from all claims arising out of the provision of such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## GENERAL INSTRUCTIONS TO SUPERVISORS COMPLETING REFERENCE FORM

1. COMPLETE this reference form ONLY if the waiver on reverse side of this form is completed by the applicant.
2. All items must be completed.
3. The Board assumes that you, in recommending this applicant, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you at a later date.
4. After you have completed this form, please return it to the applicant.

## SUPERVISORY REFERENCE FORM

\* This side to be completed by Supervisor \*

The Board will keep all information by the professional reference confidential to the maximum extent permitted by law.

I, \_\_\_\_\_, certify that I supervised \_\_\_\_\_ in the field of social work at  
(supervisor) (applicant)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_, who worked \_\_\_\_\_ hours per  
(organization) (Mo./Yr) (Mo./Yr)

week. I gave \_\_\_\_\_ hours of supervision per week for a total of \_\_\_\_\_ hours per year of supervision on a one-to-one basis.

My license number is \_\_\_\_\_ from the state of \_\_\_\_\_

Academic Degree	College/University	Major	Date of Degree
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1. Title of applicant's position: \_\_\_\_\_

2. Applicant's duties and responsibilities: \_\_\_\_\_

3. Extent of knowledge of applicant's professional and ethical behavior (✓ one): ☐ Limited ☐ Moderate ☐ Thorough

Name and title:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel. # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
*Signature of Supervisor*

\_\_\_\_\_  
*Date*

**The Commonwealth of Massachusetts**  
**Board of Registration of Social Workers**

**WAIVER OF LIABILITY**

\* This section to be completed by Social Work Licensure Applicant \*

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I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(applicant) (reference)

(hereinafter "the professional reference") to provide the Board of Registration of Social Workers with all information of any kind which the professional reference may, in his or her absolute discretion, deem relevant to my qualifications as an applicant. I hereby release and discharge the professional reference from all claims arising out of the provision of such information.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**PROFESSIONAL REFERENCE FORM**

\* To be completed by professional reference \*

Do not complete below if waiver above is not complete.

1. Name of applicant: \_\_\_\_\_
2. Name, title, and profession of reference: \_\_\_\_\_ License No.: \_\_\_\_\_  
(if applicable)
3. Length of time applicant known by professional reference: From: \_\_\_\_\_ To: \_\_\_\_\_  
(month/year) (month/year)
4. Extent of knowledge by professional reference of applicant's professional and ethical behavior (✓ one): ☐ Limited ☐ Moderate ☐ Thorough
5. Short description of applicant's duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_
6. Indicate the areas of applicant's specialties: \_\_\_\_\_  
\_\_\_\_\_
7. Do you certify that the applicant is an individual of good moral character? ☐ Yes ☐ No If "NO", please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Quality and extent of endorsement (✓ one): ☐ without reservation ☐ with reservation ☐ no recommendation

The Board assumes that you, in recommending this applicant, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you at a later date.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*